## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

09986377

| 5   |  | CLAIMS AS   | S FILED - PART<br>(Column 1)   |                                       | (Column 2)                   |                    | SMALL ENTITY |                                       | OR                     | Other than<br>Or small entity |                     |                        |
|---|--|---|--------------------------------|---------------------------------------|------------------------------|--------------------|--------------|---------------------------------------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 11                             |                                       |                              |                    | RA           | TE                                    | FEE                    |                               | RATE                | FEE                    |
| FO  | R  |   | NUMBER FILED                   |                                       | NUMBER EXTRA                 |                    | BASI         | FEE                                   | 370.00                 | OR                            | BASIC FEE           | 740.00                 |
| то  | TAL CHARGEA                                    | BLE CLAIMS  | // min                         | us 20=                                | <b>*</b>                     |                    | X\$          | 9=                                    |                        | OR                            | X\$18=              |                        |
| IND   | EPENDENT CL                                    | AIMS  | miر کے                         | nus 3 =                               | * —                          |                    | X4           | <br>2=                                | <u> </u>               | OR                            | X84=                |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P  | RESENT                         |                                       | •                            |                    | -            |                                       |                        |                               |                     |                        |
| * If  | the difference                                 | in column 1 is  | ess than zero, enter "0" in co |                                       |                              | olumn 2            | +14          |                                       |                        | OR                            | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II |  |   |                                |                                       |                              |                    | TO           | ΓAL                                   |                        | OR                            | TOTAL               | 740                    |
| ,   |  | Lainnis as a<br>(Column 1)                                      | MIENDED                        | MENUEU - PARIII (Column 2) (Column 3) |                              |                    |              | ALL!                                  | ENTITY                 | OR                            | OTHER<br>SMALL I    |                        |
|   | CLAIMS   |   | · ·                            | HIGH                                  |                              | 1001011111107      |              | · · · · · · · · · · · · · · · · · · · | <br>7 F                | <del></del>                   |                     |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT                                 |                                | NUM                                   | IBER<br>OUSLY                | PRESENT<br>EXTRA   | RA           | TE                                    | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| MON   | Total  | *   | Minus                          | ##                                    |                              | =                  | X\$          | 9=                                    |                        | OR                            | X\$18=              |                        |
| A PAIE  | Independent                                    | *   | Minus                          | ***                                   |                              | =                  | X42=         | 2=                                    |                        | OR                            | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                                       |                              |                    |              | 0=.                                   |                        | OR                            | +280=               |                        |
|   |  |   |                                |                                       |                              |                    |              | OTAL                                  |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
| ADDIT. FEEOTT ADDIT. FEEOTT ADDIT. FEEOTT ADDIT. FEE  |  |   |                                |                                       |                              |                    |              |                                       |                        |                               |                     |                        |
| 8   |  | CLAIMS<br>REMAINING   | ]                              |                                       | HEST<br>MBER                 | PRESENT            |              |                                       | ADDI-                  |                               |                     | ADDI-                  |
| ENT   | ,<br>,<br>,                                    | AFTER<br>AMENDMENT  |                                | PREVI                                 | OUSLY                        | EXTRA              | RA           | TE                                    | TIONAL<br>FEE          |                               | RATE                | TIONAL<br>FEE          |
| AMENDMENT   | Total  | *   | Minus                          | **                                    | <u>.</u>                     | =                  | X\$          | 9=                                    |                        | OR                            | X\$18=              |                        |
| A BAIE  | Independent                                    | *   | Minus                          | ***                                   |                              | =                  | X4           | 2=                                    |                        | OR                            | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                                       |                              |                    |              |                                       |                        |                               | 000                 |                        |
|   | -  |   |                                |                                       |                              |                    |              | O=<br>OTAL                            | <u> </u>               | OR                            | +280=<br>TOTAL      |                        |
|   |  |   |                                |                                       |                              |                    |              | FEE                                   |                        | OR                            | ADDIT. FEE          |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                |                                       |                              |                    |              |                                       |                        |                               |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                                | NUM<br>PREVI                          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA   | RA           | TE                                    | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDR   | Total  | *   | Minus                          | **                                    |                              | =                  | X\$          | 9=                                    |                        | OR                            | X\$18=              |                        |
| AME   | Independent                                    | *   | Minus                          | ***                                   |                              | =-                 | X4           | 2=                                    |                        |                               | X84=                |                        |
|   | FIRST PRESE                                    | NTATION OF M  | ULTIPLE DEPENDEN               |                                       | CLAIM                        |                    | <b> </b>     |                                       | <del> </del>           | OR                            | · · · · · · ·       | <b> </b>               |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                 |  |   |                                |                                       |                              |                    |              |                                       |                        | OR                            | +280=               |                        |
| **  | If the "Highest Nu                             | mn 1 is less than ti<br>mber Previously Pa<br>mber Previously P | aid For" IN THI                | S SPACE                               | is less tha                  | an 20, enter "20." | ADDIT        | FEE                                   |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
| -   | The "Highest Num                               | her Previously Pa   | id For" (Total o               | r Independ                            | tont\ ie the                 | highest number     | found in     | he an                                 | nronriate ho           | v in co                       | dumo 1              |                        |